

P.S. I have a copy of this request for myself, and have a imminent danger request for leave to proceed this appeal in forma pauperis with a letter copy to judge Crabbe dated 6-4-2020, to file with the court as evidence, with 5 pieces of foot fungal, calluses, and details about my medical shoes for the pain in my feet, that was denied on 4-22-2020, then on 4-29-2020 they ordered me to get those shoes, and the deadline to get those shoes is on 6-13-2020.

UNITED STATES DISTRICT COURT

for the
DISTRICT OF

Plaintiff

Michael, Scott

v.

Case No. 3:20-NF-422

Dr. Lavoie, C. Baier, C. Franciosi,
M. Tallier, Crt. Swick Defendant atowski,
J. Cummings, H. Utter, J. Perthu- R.
Natasha K. Davidson,
and C. O'Donnell.

AFFIDAVIT ACCOMPANYING MOTION

FOR PERMISSION TO APPEAL IN FORMA PAUPERIS

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:

Michael, Scott

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

6-4-2020

My issues on appeal are: delaying on medical treatment of my feet,

keep eye, skin for 35 days, from 2-18-2020, to 3-23-2020, then drilling the callus off my feet on 3-26-2020, then on 4-28-2020 cutting the callus off my feet, then on 6-3-2020, being me again 1. in h/t/m. for a follow up, at the callus came back once again, me again, me down follow up appt. to cut the callus again without giving me a foot numb treatment when Lavoie or another foot doctor do it. as I requested numbing the first 2 times, due to the pain that my feet are in.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

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Employer	Address	Dates of employment	Gross monthly pay
and details about my feet, that was denied on	ordered me	4-22-2020, then	1-2192020
fe that	some	short, and the headline to	are on 6-13-2020
	Michael Scott		3:20-81=422

Dr. Lavoie, C. Baier, C. Francisco

M. + allief, cpl How much cash do you and your spouse have? \$ 2000

S. Cummings, Lutter, J. Perthu - R.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Wm C. Adams

Financial Institution	Type of Account	Amount you have	Amount your spouse has
None		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Michael Scott

6-4-2020

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$
Make and year	Make and year	Model:
Registration #:		

me down
dollar - as apt to cut the call set again without giving me a
a first name - to expect when I see you another point before
to it. It is rather an annoyance; the first I know, due to the
the fact that we are in.

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	NONE	
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
NONE	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if under 18, initials only]	Relationship	Age
NONE		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing NONE	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health: NONE	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor Vehicle:	\$	\$
Credit card (name): NONE	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): NONE	\$	\$
Total monthly expenses:	\$	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

because i'm indigent and have 3 strikes, and also i request your court to appoint me counsel.

12. State the city and state of your legal residence. *Milwaukee, Wisconsin*

Your daytime phone number: () *N/A*

Your age: *51* Your years of schooling: *9th.*